

ENROLLMENT FOR INITIAL MEDICARE CERTIFICATION

The following information concerns the requirements and procedures required for a nursing facility to be approved to participate in the Medicare program.

1. Nursing facilities must be certified for Medicaid prior to receiving approval to participate in the Medicare program.
 - All initial Medicare certification surveys have been determined by The Centers for Medicare and Medicaid Services (CMS) to be low priority.
 - All initial certification surveys will be Medicaid-only.
 - For Medicaid certification contact Rhonda Boose at (785) 368-6685 or by email at rhonda.boose@kdads.ks.gov.
 - Facilities may seek Medicare certification after they are Medicaid certified.
2. As part of the application package applicants are required to complete a CMS-855A, "Medicare Enrollment Application" booklet.
3. To become certified as a Medicare provider a facility must first be surveyed. Our surveyors will inspect your facility, interview you and members of your staff, review documents and undertake other procedures necessary to evaluate the extent to which your facility meets the Conditions of Participation. If your facility has significant deficiencies in any of the conditions, you will be informed and given an opportunity to correct them. Following the survey, we will recommend to CMS whether your facility should participate.
 - Your facility cannot be certified or scheduled for a survey before the CMS-855A booklet has been approved by your MAC.
4. For existing facilities, a determination will be made whether a full survey will be necessary.
5. For newly constructed facilities, a licensure survey must be completed and a license issued prior to completing a certification survey for Medicaid. Following licensure, at least 1 resident must be admitted prior to the initial Medicaid certification survey. Upon admittance of the first resident, you are to notify your respective Regional Manager or this office to schedule an initial Medicaid certification survey.
6. Facilities denied approval to participate in the Medicare program will be sent notification indicating the reasons for the denial plus information regarding their right to appeal the decision.
7. Once CMS has determined that all requirements are met, the Health Insurance Benefits Agreement (CMS-1561) will be countersigned. One copy will be returned to you along with notification indicating your facility has been approved.

APPLICATION FORMS:

The following forms are required to participate in the Medicare program.

| # OF COPIES | FORM NUMBER AND NAME | WEBSITE: |
|-------------|--|---|
| 2 | CMS-671 "Skilled Nursing Facility Application for Medicare and Medicaid" | http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS671.pdf |
| 2 | CMS-1561 "Health Insurance Benefits Agreement" | http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1561.pdf |
| 2 | HHS-690 "Assurance of Compliance" | http://www.hhs.gov/forms/HHS690.pdf |
| 1 | "Office of Civil Rights" packet | http://www.hhs.gov/ocr/civilrights/clearance/ocr_mctap.pdf |
| 1 | *CMS-855A "Medicare Enrollment Application" | www.cms.gov/Medicare/CMS-Forms/CMS-Forms/.../cms855a.pdf |

Hardcopies of these forms are available by contacting Tina Lewis at (785) 296-1260 or by email at tina.lewis@kdads.ks.gov.

Send all completed forms plus a cover letter indicating the effective date of Medicare participation to: Tina Lewis, KDADS, 612 S. Kansas Ave, Topeka, Kansas 66603.

* CMS-855A, "Medicare Enrollment Application" booklet:

- You will need to contact your MAC for a copy of the CMS-855A booklet or go to the website listed above to download a copy. KDADS does not provide copies of these booklets.
- Contact your MAC if you have any questions regarding completion of this CMS-855A booklet.
- Do not send your completed CMS-855A booklet to KDADS. Send it to your MAC.